

**BEST AVAILABLE COPY**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
10-009,924

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	12					
5	91					
6	10					
7	91					
8	10					
9	49					
10	10					
11	1					
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TOTAL IND.	2	J	J	J	J	J
TOTAL DEP.	9	J	J	J	J	J
TOTAL CLAIMS	11					

TOTAL  
IND.

TOTAL  
DEP.

TOTAL  
CLAIMS